



10/B AF 72600
PATENT
450114-4609
6-17-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Toshihiko Kitazawa et al.
Serial No. : 09/319,851
Filed : June 11, 1999
For : VIDEO DATA MULTIPLEXER, VIDEO DATA MULTIPLEXING
CONTROL METHOD, METHOD AND APPARATUS FOR
MULTIPLEXING ENCODED STREAM, AND ENCODING METHOD
AND APPARATUS
Examiner : Chuong T. Ho
Art Unit : 2664

745 Fifth Avenue
New York, NY 10151

NG
I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop AF, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on June 8, 2004.

Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

B. Polito

Signature

June 8, 2004

Date of Signature

RECEIVED

JUN 15 2004

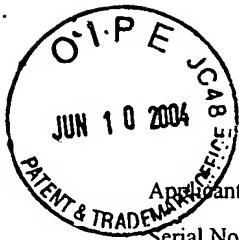
Technology Center 2600

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Action mailed April 7, 2004, please amend the above-
identified application as follows.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	39	Minus	** = 39	* 0 x	\$18 (9)	= \$ 0.00
Independent claims	10	Minus	*** = 10	* 0 x	\$86 (43)	= \$0.00
Total additional fee for this amendment						\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

Signature

June 8, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Bruno Polito
Reg. No. 38,580
Tel: 212-588-0800